



City of Raleigh, c/o Toilet Rebate Program  
One Exchange Plaza, Suite 620  
Raleigh, NC 27601

Website: [www.raleighnc.org](http://www.raleighnc.org)  
Phone: (919) 996-4540

**PROGRAM DATES: August 1<sup>st</sup>, 2012 to June 30th<sup>1</sup>, 2013 or UNTIL FUNDS ARE EXHAUSTED<sup>2</sup>**

The City of Raleigh offers toilet rebates up to \$100 to replace an existing toilet, of 1.6 gallons or higher flush volume, with an EPA **WaterSense** labeled toilet. Toilets must be installed before an application may be submitted.

**ELIGIBILITY:** Rebates are only available to those who are City of Raleigh water or sewer customers at the time of the application and purchase of toilet. Applicants are allowed only one application per water account. New toilet installations are not covered by this program, nor are replacements of existing **WaterSense** toilets. Rebate(s) will not be disbursed to customers whose account is past due, to those who do not purchase an EPA **WaterSense** labeled toilet(s), or to applicants who have already received a rebate. Original receipt(s), dated on or after April 7, 2009, for the toilet(s) for which a rebate is sought must be included with the application, and it may not be returned to you. To be classified as an **original** receipt the invoice must include the following: Retail company's name, receipt number, purchase date, toilet brand, model name and numbers<sup>3</sup>, and price. No copies are allowed and the document may not state "Quote" or "Balance Due". Rebate(s) may cover the cost of the toilet (tank, bowl, seat and tax) up to \$100; installation charges are not eligible for this program. In no event will the amount of the rebate exceed the amount of the eligible costs. Applicants must dispose of their old toilets properly and agree to a post-installation inspection to verify the toilet's eligibility.

The City of Raleigh is not responsible for improper disposal methods; and the City of Raleigh makes no warranties or representations that the HET toilet selected by the applicant will perform as represented by its manufacturer or seller, that utility bills will be lower or that reduced water consumption will occur because of the use of the HET toilet. The City of Raleigh is not responsible for the work of the installer, whether a licensed plumber or otherwise. Please allow at least eight weeks for processing of a completed application. Rebate checks, and not credits, will be disbursed to approved applicants; however, the City reserves the right to issue credits to the applicant's account. Filing an application does not guarantee rebate disbursement; all applications must be complete and contain proof of eligibility. The City is not responsible for materials lost by mail. Rebates are granted on a first-come, first serve basis, while funding lasts; program is subject to change or terminate without prior notice. **PENDING APPLICATIONS PROCESSED FOR THE REBATE PROGRAM AT THE TIME FUNDS ARE EXHAUSTED WILL BE DENIED AND THE APPLICANT WILL NOT BE ENTITLED TO REIMBURSEMENT. ALL COMPLETED APPLICATIONS MUST BE RECEIVED BY JUNE 30th, 2013.**

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<sup>1</sup> Toilets must be installed and completed applications must be postmarked by this date.

<sup>2</sup> Check website for current funding status: [www.raleighnc.org](http://www.raleighnc.org)

<sup>3</sup> Toilets are either sold as a one-piece toilet or a two-piece (tank and bowl); only the EPA combinations listed qualify for the **WaterSense** label.

<b>OFFICIAL OFFICE USE ONLY</b>		<b>DATE RECEIVED:</b>	
Application #:	Inspection Date:	Toilet #:	Rebate \$:
Approved <input type="checkbox"/>	Comments:		Toilet \$:
Disapproved <input type="checkbox"/>	Approver Signature:		Date:

**APPLICATION MUST BE COMPLETE OR IT WILL BE DENIED. PRINT IN BLUE OR BLACK INK ONLY.**

APPLICANT NAME: (LAST, FIRST)

ACCOUNT NAME (AS APPEARS ON BILL): (LAST, FIRST)

WATER ACCOUNT #      CHECK PAYABLE TO:

(      )      -

PHONE:

EMAIL:

SERVICE ADDRESS (AS APPEARS ON BILL):      CITY:      STATE:      ZIP:

MAILING ADDRESS:      CITY:      STATE:      ZIP:

**CHECK ALL THAT APPLY:**

- ☐ REPEAT APPLICANT?
- ☐ CITY OF RALEIGH WATER ACCOUNT HOLDER
- ☐ HOME OWNER ☐ APT
- ☐ TENANT ☐ HOUSE
- ☐ RENTAL ☐ BUSINESS
- ☐ PROPERTY MANAGER

**TOILET INFO:**

<b>Quantity Replaced</b>	
<b>Install Date(s) (M/D/Yr)</b>	
<b>New Construction? Yes / No</b>	

**OWNER/APPLICANT MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:**

- ☐ I have read and agree to all of the program guidelines and conditions; I understand that rebates are only available for City of Raleigh water or sewer customers, and only one application per account is allowed.
- ☐ I acknowledge that I am either the City of Raleigh water account holder or I will show consent from the account holder to use their consumption data for program monitoring; I acknowledge that the toilet(s) provided in this application were installed at the above address, and I agree to an inspection of these toilets.

FULL NAME (ALL CAPS) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ACCOUNT HOLDER MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:**

- ☐ I have read and agree to the program guidelines and conditions along with the use of my consumption data for program monitoring; I acknowledge that I am the City of Raleigh water account holder for the address listed on this application; that the toilet(s) provided in this application were installed at the above address; and I agree to an inspection of these toilets.

HOA NAME (IF APPLICABLE): \_\_\_\_\_

NAME & TITLE (IF APPLICABLE): \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SEND IT VIA CERTIFIED POST, WITH THE ORIGINAL-DATED RECEIPT(S), TO:**  
CITY OF RALEIGH, C/O TOILET REBATE PROGRAM, P.O. Box 590, RALEIGH, NC 27602